103000053185

(Re	equestor' s Name)	
(Ad	ldress)	
(<u>\</u>	ldress)	
(***	idiess)	
(Cit	ty/State/Zip/Phon	e#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	Certificate	s of Status
	· · · · · · · · · · · · · · · · · · ·	
Special Instructions to	Filing Officer:	Mark of
		· · · · ·
-		
		ا میام
	Office Use Or	DIOL
	Office Use Or	



500025120155

12/05/03--01065--028 ***155.00

03 DEC 05 AH IO: 20

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Jack'S MAINT (Name of L.)	ENANCE, imited Liability Comp	LLC any)	
The enclosed Articles of Organization and fee(s) are	e submitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
CHARISS WALKER (Name of Person)			03 TALL
JACKS MAINTENANCE (Firm/Company)		-	03 DEC 05 AH 10: ELIKETARY OF ST
2140 JEANNE ST.			AH 10: 20 UF STATE E. FLORIDA
NAVARRE, FL 32566-33 (City/State and Zip Code)	101		
For further information concerning this matter, please	se call:		
CHARISS WALKER (Name of Person)		939-5423 Paytime Telephone Num	
STREET ADDRESS: Registration Section	MAILING ADDRI		

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLE I - Name: The name of the Limited Liability Company is: Jacks Maintenance, LLC ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: Mailing Address: Mailing Address: ALGE ST. Mailing Address: ALGE ST. Mailing Address: ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: CHAPLISS IN WALKER Name

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Chaus IL Walle Registered Agent's Signature

2140 JEAUNE 57.
Florida street address (P.O. Box NOT acceptable)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

7110 700010 0010 0000 01 0000 11.7000000	0		
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
Mer	STEVEN J. FERIA 2140 JEANNIE ST. NAVARRE, FL. 32566		
MGRM	CHARISS K. WALKER 2140 JEANNE ST. NAVARRE, FL. 32566		
	A CARA	O3 DEC	
(Use attachment if necessary)	SET OF SE	S ME IO	
NOTE: An additional article must be	e added if an effective date is requested. $\frac{\overline{R}}{\overline{R}}$	2	
REQUIRED SIGNATURE:			

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

STEVEN D FERA
Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)